## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/591031

| ĺ   | : ****  | CLAIMS                                    | AS FILED             | - PART   | f                   | * *                                    |       | SMALL EN            | ITITY                  |    | OTHER               | R THAN                 |
|---|---|---|----------------------|--|---------------------|--|-------|---------------------|------------------------|----|---------------------|------------------------|
|   |   |   | (Colur               | nọ 1)  | (Column 2)          |  |       | TYPE                |                        | OR |                     | ENTITY                 |
| U.S. NATIONAL STAGE FEES  |   |   |                      |  |                     |  | 7     | RATE                | FEE                    | 7  | RATE                | FEE                    |
| BA  | SIC FEE   |   | SMALL EN             | T. = \$ 150  | LARGE ENT. = \$ 300 |  | 1     | BASIC FEE           |                        | OR | BASIC FEE           | 300                    |
| EXAMINATION FEE   |   |   |                      | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                 |                     | All other situations = \$ 100 / \$ 200 |       | EXAM. FEE           |                        | 1  | EXAM. FĘE           | 200                    |
| SE  | ARCH FEE  |   | ALL other co         | U.S. is ISA = \$50/\$100<br>ALL other countries =<br>\$200/\$400 |                     | All other situations = \$ 250 / \$ 500 |       | SEARCH FEE          |                        |    | SEARCH, FEE         | 400                    |
| FE  | E FOR EXTRA   | SPEC. PGS.                                | minus 100 =          |  | . / 50 =            |  |       | X \$ 125 =          |                        |    | X \$ 250 =          | 1                      |
| το  | TÄL CHARGEA   | ABLE CLAIMS                               | <b>32</b> minus 20 = |  | ٠ ۽                 | <b>&gt;</b>                            | 1     | X \$ 25 =           |                        | OR | X \$ 50 =           | 100                    |
| 1NC   | EPENDENT C  | LAIMS                                     | 2                    | a minus 3 =  |                     |  |       | X \$ 100 =          |                        | OR | X \$ 200 =          |                        |
| МU  | LTIPLE DEPE   | NDENT CLAIM PR                            | RESENT               |  |                     |  |       | + \$ 180 =          |                        | OR | + \$ 360 =          |                        |
| * 1   | If the difference in column 1 is less than zero, enter "0" in column 2        |   |                      |  |                     |  |       | TOTAL               |                        | OR | TOTAL               | 1000                   |
|   | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |   |                      |  |                     |  |       |                     | ENTITY                 | OR | OTHER<br>SMALL E    |                        |
| AMENDMENT A   | ı   | REMAINING<br>AFTER<br>AMENDMENT           |                      | NUME<br>PREVIO<br>PAID F   | ER<br>USLY          | PRESENT<br>EXTRA                       |       | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total   |   | Minus                | **   | , .                 | =                                      |       | X \$ 25 =           |                        | OR | X \$ 50 =           |                        |
|   | Independent   | <u> -</u>                                 | Minus .              | ***  |                     | = .                                    |       | X \$ 100 =          |                        | OR | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                |   |                      |  |                     |  |       | + \$ 180 =          |                        | OR | + \$ 360 =          |                        |
| •   |   |   |                      |  |                     |  |       | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE |                        |
|   |   | (Column 1)                                |                      | (Colum   | n 2)                | (Column 3)                             |       | •                   | -                      |    |                     |                        |
| 8 F   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | HIGHE<br>NUMBI<br>PREVIOL<br>PAID F                              | ER '<br>ISLY        | PRESENT<br>EXTRA                       |       | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| DME   | Total   | •   | Minus                | **   |                     | =                                      |       | X \$ 25 =           |                        | OR | X \$ 50 =           |                        |
| AMENDMENT   | Independent   | ė,  | Minus                | ***  |                     | = .                                    |       | X \$ 100 =          |                        | OR | X \$ 200 =          |                        |
| Ì   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                |   |                      |  |                     |  |       | + \$ 180 =          |                        | OR | + \$ 360 =          |                        |
|   | TOTAL ADDIT. FEE  |   |                      |  |                     |  |       |                     |                        |    | TOTAL ADDIT.<br>FEE |                        |
| ٠٠;   | •   |   |                      |  |                     |  |       |                     |                        | ,  |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column-3:———————————————————————————————————— |   |   |                      |  |                     |  |       |                     |                        |    |                     |                        |
|   |   | ber Previously Paid                       |                      |  |                     |  | n the | appropriate box i   | n column 1.            |    | ١                   | ļ                      |